

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 04/21/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/24/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOPS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	21	12340	DUPLICATE OF CLAIM-SYSTEM				
		11	422	CLIENT NOT ELIGIBLE ON SERVICE DATE	18	13702	36877	23175
		191	220	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404904	WESTERN HIGHLAN DS LME	8505	3153	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	234	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3590	9972	6382
		5404	67	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404910	PATHWAYS	8800	250	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	105	DUPLICATE OF CLAIM-SYSTEM	1	625	7486	6861
		11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	172	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	209	3060	2851
		10	10	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404913	MECKLENBURG COM ENTAL HEALT	8800	1535	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	331	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	2087	7856	5769
		8518	52	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404916	CROSSROADS BEHA VIORAL HEAL	21	649	DUPLICATE OF CLAIM-SYSTEM				
		8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	820	32952	32132
		5404	43	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404917	CENTERPOINT HUM AN SERVICES	8505	725	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	169	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1210	3457	2247
		8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404919	GUILFORD CO MENTAL HEALTHC	8800	1345	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8534	857	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	3879	99139	95260
		79	594	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWELL AREA MH D	8505	1960	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		79	136	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	2336	6780	4444
		8599	81	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON CENTER HATHAM AREA	8505	1005	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	185	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1304	1865	561
		8622	81	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404922	THE DURHAM CENTER	21	44720	DUPLICATE OF CLAIM-SYSTEM				
		8800	331	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	45454	46453	999
		79	163	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404923	FIVE COUNTY MENTAL HEALTH	21	1620	DUPLICATE OF CLAIM-SYSTEM				
		8800	727	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2906	54140	51234
		79	237	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404925	SANDHILLS CENTER FOR MH/DD	8800	981	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	363	*CLAIM DENIED. SUBMITTED BEYOND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	6	1750	5622	3872
		21	104	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	8800	128	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	123	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	3	524	1885	1361
		8599	106	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND COUNTY MENTAL HEALTHC	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	77	92	15

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3404930	JOHNSTON COUNTY MNTL HLTHC	8505	215	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	401	1011	610
		8326	38	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404931	WAKE CO HUM SVC BILLING OF	8505	761	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	367	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	96	2676	10628	7952
		21	301	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3807	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	175	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4147	4238	91
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	996	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	303	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2131	3813	1682
		8518	290	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	596	DUPLICATE OF CLAIM-SYSTEM				
		8508	65	CLAIM DENIED NO BUDGET FOUND	0	672	2836	2164
		8800	9	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
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3404939	EAST CAROLINA B EHAVIORAL H	21	2141	DUPLICATE OF CLAIM-SYSTEM				
		8800	257	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2725	48682	45957
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8537	43	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	129	804	675
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMA N SERVICES	11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	35	987	952
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	204	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	59	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	301	2441	2140
		8534	7	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				